

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>15662</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Christopher</u> <u>Erikson</u>  P.O. Box, Bldg., Room No., if any  Street <u>158-11 Harry Van Arsdale Jr. Avenue</u>  City <u>Flushing</u>  State <u>New York</u> ZIP Code + 4 <u>11365</u>	4. Name, file number, and address of labor organization. Name <u>Local Union No. 3., IBEW</u>  Labor Organization File Number <u>006-367</u>  P.O. Box, Building and Room Number, if any  Street <u>158-11 Harry Van Arsdale Jr. Avenue</u>  City <u>Flushing</u>  State <u>New York</u> ZIP Code + 4 <u>11365</u>
5. Position in labor organization. <u>Assistant Business Manager/Trustee</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>Forest Electric Corp.</u>  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street <u>2 Penn Plaza</u>  City <u>New York</u>  State <u>New York</u> ZIP Code + 4 <u>10121</u>	7.a. Nature of Interest, Transaction, or Income. <u>Minor child was employed as Summer College Helper in bonafide employment.</u>  7.b. Amount. <u>\$10,007</u>

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Christopher Erikson

On

8/15/05  
Date

718 591-4000 Ex 420  
Telephone Number

Name of Person Filing <b>Christopher Erikson</b>	File Number U-
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**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

<p><b>8. Name and address of Business (including trade name, if any).</b></p> <p>Name <u>JA&amp;TC of the Lighting Maint Assoc of Local3</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>158-11 Harry Van Arsdale Jr. Avenue</u></p> <p>City <u>Flushing</u></p> <p>State <u>New York</u> ZIP Code + 4 <u>11365</u></p>	<p><b>9. Business deals with:</b></p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p><b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b></p> <p>Name <u>JA&amp;TC of the Lighting Maint Assoc of Local</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>158-11 Harry Van Arsdale Jr. Avenue</u></p> <p>City <u>Flushing</u></p> <p>State <u>New York</u> ZIP Code + 4 <u>11365</u></p>	<p><b>11.a. Nature of such dealing.</b></p> <p><u>Trustee</u></p> <hr/> <p><b>11.b. Approximate dollar value of such dealing.</b> _____</p> <p><b>12.a. Nature of interest held or income received.</b></p> <p><u>Reimbursement for 2004 Apprenticeship Graduation Dinner</u></p> <hr/> <p><b>12.b. Amount.</b> _____ <b>\$2,160</b></p>

**C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**

<p><b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b></p> <p>Name <u>Daily News</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>450 W. 33rd Street</u></p> <p>City <u>New York</u></p> <p>State <u>New York</u> ZIP Code + 4 <u>10001</u></p>	<p><b>14.a. Nature of payment.</b></p> <p><u>(6) Complimentary tickets to the Golden Gloves</u> <u>4/15/04 - valued at \$35.00 each</u></p>
<p><b>13.b. Is the Business an Employer</b> <input checked="" type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> <b>?</b></p>	<p><b>14.b. Amount of payment.</b> _____ <b>\$0</b></p>

Name of Person Filing Christopher Erikson

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name ROBECO Investment Mgt. / Boston Partners

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 28 State Street

City Boston

State Massachusetts ZIP Code + 4 02109

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Elevator Division Retirement Benefit Plan

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 38-40 36th Street

City Long Island City

State New York ZIP Code + 4 11106

11.a. Nature of such dealing.

Investment Manager to the Elevator Division Retirement Benefit Plan (EDRBP)

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

(4) Tickets to Mets 10/2/04 @ \$55.00 each.

12.b. Amount.

\$220

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Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name Pustorino, Puglisi and CO., LLP

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 515 Madison Avenue

City New York

State New York ZIP Code + 4 10022

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Elevator Division Retirement Benefit Plan

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 38-40 36th Street

City Long Island City

State New York ZIP Code + 4 11106

11.a. Nature of such dealing.

Performs Accounting Services for the Elevator Division Retirement Benefit Plan

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Company Golf Outing and Lunch 10/7/04

12.b. Amount.

\$85

Name of Person Filing Christopher Erikson

File Number U-

## Part B Continuation Page

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## 8. Name and address of Business (including trade name, if any).

Name The Segal Co.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street One Park Avenue

City New York

State New York

ZIP Code + 4 10016

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Elevator Division Retirement Benefit Plan

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 38-40 36th Street

City Long Island City

State New York

ZIP Code + 4 11106

## 11.a. Nature of such dealing.

Performs Actuarial Services for the Elevator Division Retirement Benefit Plan

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

Charity Golf Outing and Dinner 8/5/04

## 12.b. Amount.

\$220

Name of Person Filing Christopher Erikson

File Number U-

Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name Reynolds Securities

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 45 Broadway - 31st Floor

City New York

State New York ZIP Code + 4 10006

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Elevator Division Retirement Benefit Plan

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 38-40 36th Street

City Long Island City

State New York ZIP Code + 4 11106

11.a. Nature of such dealing.

Performs Investment Consulting Services for the Elevator Division Retirement Benefit Plan

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Company Golf Outing and Lunch 6/29/04

12.b. Amount.

\$180

Name of Person Filing Christopher Erikson	File Number U-
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Part B Continuation Page

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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Pryor Cashman Sherman &amp; Flynn LLP</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 410 Park Avenue</p> <p>City New York</p> <p>State New York ZIP Code + 4 10022-4441</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Attorney for the New York Hotel Trades Council</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>Holiday food basket:</p> <p>12.b. Amount. \$62</p>

Name of Person Filing Christopher Erikson

File Number U-

## Part A Continuation Page

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

## 6. Name and address of Employer (including trade name if any).

Name Madison Square Garden

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2 Penn Plaza

City New York

State New York

ZIP Code + 4 10121

## 7.a. Nature of Interest, Transaction, or Income.

Minor child was employed as Summer College Helper in bonafide employment.

## 7.b. Amount.

\$8,643

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

## 6. Name and address of Employer (including trade name if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 7.a. Nature of Interest, Transaction, or Income.

## 7.b. Amount.

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

## 6. Name and address of Employer (including trade name if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 7.a. Nature of Interest, Transaction, or Income.

## 7.b. Amount.



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